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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

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Application Number	10/539,926-Conf. #8405				
Filing Date	June 14, 2005				
First Named Inventor	Sadamu Ishidu				
Art Unit	2811				
Examiner Name	S. W. Crane				
Attorney Docket Number	20239/0202616-US0				

ENCLOSURES (Check all that apply)						
X Fee Transmittal	Form	Drawing(s)		After Allowance Communication to TC		
Fee Attach	ed	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
X Amendment/Rep	oly	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application		Proprietary Information		
Affidavits/c	declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status Letter		
Extension of Tim	e Request	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):		
Information Disc	Express Abandonment Request Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Document(s) Request for Refund Landscape Table on CD		n CD	Certificate of Mailing; Amendment Transmittal Letter; Appendix A (9 pages); Check in the amount of \$350; and Return Receipt Postcard		
Reply to Missing Incomplete Appli		Remarks				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name DAI	RBY & DARBY P	P.C.				
Signature	H Red					
Printed name Tho	mas J. Bean	J				
Date Jun	e 1, 2006		Reg. No.	44,528		

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AMENDMENT TRANSMITTAL LETTER

Docket No. 20239/0202616-US0

 Application No.
 Filing Date
 Examiner
 Art Unit

 10/539,926-Conf. #8405
 June 14, 2005
 S. W. Crane
 2811

Applicant(s): Sadamu Ishidu et al.

Invention: SEMICONDUCTOR DEVICE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate	
Total Claims	23	- 20 =	3	х	50.00	150.00
ndependent Claims	4	- 3 =	1	×	200.00	200.00
Multiple Depen	dent Claims (ch	eck if applicab	le)			
Other fee (pleas	se specify):	-				
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:		- 2 - 1	350.00
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PTO/SB/17 (01-06) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known rsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/539,926-Conf. #8405 **Application Number** FEE TRANSMITTAL June 14, 2005 Filing Date For FY 2006 Sadamu Ishidu First Named Inventor Examiner Name S. W. Crane Applicant claims small entity status. See 37 CFR 1.27 2811 Art Unit 20239/0202616-US0 TOTAL AMOUNT OF PAYMENT (\$) 350.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Darby & Darby P.C. Deposit Account Number: 04-0100 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 250 100 200 100 100 50 130 Design 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee Paid (\$) **Multiple Dependent Claims** Extra Claims Fee (\$) 3 x = 50.00 =150.00 Fee Paid (\$) - 20 = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 = 1 × 200.00 = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) - 100 = _ /50 (round up to a whole number) x

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SUBMITTED BY	1012				
Signature	ar led	Registration No. (Attorney/Agent)	44,528	Telephone	(212) 527-7700
Name (Print/Type)	Thomas J. Bean			Date	June 1, 2006

Fees Paid (\$)

Non-English Specification. \$130 fee (no small entity discount)

4. OTHER FEE(S)

ation No. (if known): 10/539,926 - Conf. #8405

Attorney Docket No.: 20239/0202616-US0

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Transmittal Form (1 page) Fee Transmittal (1 page)

Amendment Transmittal Letter (1 page)

Amendment In Response To Non-Final Office Action (13 pages)

Appendix A (9 pages)

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